PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debart and Chice in the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless it items to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless its first to the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless that the propose of the Paparousis Reduction Act of 1005, no propose are provided to respect to a policetion of information unless than the propose of the

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/563,774			ing Date 13/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE	_	N/A	LD NO	N/A		N/A	TEE (a)	l	N/A	TEE (8)	
┢	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A						ł			
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		l	N/A		
TO	(37 CFR 1.16(o), (p), (N/A		N/A		N/A			N/A		
(37	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x \$ =		OR	x s =		
(37	CFR 1.16(h))		minus 3 = * If the specification and drawing			l	x \$ =		ı	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT		CLAIMS		HIGHEST	1					Г		
	04/03/2008	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 40	Minus	+ 57	= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0		X \$105 =	0	OR	x s =		
√ME	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
ᆫ		(Column 1)		(Column 2)	(Column 3)	_						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	••		l	x \$ =		OR	x \$ =		
Ž	Independent (37 CFR 1,16(h))	*	Minus	***			x \$ =		OR	x s =		
ä	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost life light by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.14. This collection in extensive this line 22 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandrius, VA 2213-1450.